

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 09782198 | | FILING DATE 02-12-01 | |
|--|------------------------|------|------------------------|------|--------------|---|------------------------|------|-------------------------|------|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | | | |
| | IND. | DEP. | IND. | DEP. | | | | IND. | DEP. | IND. |
| 1 | | | | | 51 | | | | | |
| 2 | | | | | 52 | | | | | |
| 3 | | | | | 53 | | | | | |
| 4 | | | | | 54 | | | | | |
| 5 | | | | | 55 | | | | | |
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| 7 | | | | | 57 | | | | | |
| 8 | | | | | 58 | | | | | |
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| 12 | | | | | 62 | | | | | |
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| 14 | | | | | 64 | | | | | |
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| 18 | | | | | 68 | | | | | |
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| 30 | | | | | 80 | | | | | |
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| 35 | | | | | 85 | | | | | |
| 36 | | | | | 86 | | | | | |
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| 48 | | | | | 98 | | | | | |
| 49 | | | | | 99 | | | | | |
| 50 | | | | | 100 | | | | | |
| TOTAL IND. | 1 | | | | TOTAL DEP. | | TOTAL DEP. | | | |
| TOTAL CLAIMS | 1 | | | | TOTAL CLAIMS | | TOTAL CLAIMS | | | |